

SEP 29 1936

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

Do not use this space.

1. PLACE OF DEATH

County Pulaski
Township Union
City Ida May Brownfield (No. 713 St. 5742 Ward 32015)

Registration District No. 713
Primary Registration District No. 5742

File No. 32015
Registered No. 32015

2. FULL NAME

(a) Residence, No. Ida May Brownfield St. Ida May Brownfield Ward. Ida May Brownfield
(Usual place of abode)
Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.

PERSONAL AND STATISTICAL PARTICULARS

3. SEX <u>Female</u>	4. COLOR OR RACE <u>White</u>	5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) <u>Widowed</u>
5A. IF MARRIED, WIDOWED, OR DIVORCED HUSBAND OF (OR) WIFE OF <u>Marion Brownfield</u>		
6. DATE OF BIRTH (MONTH, DAY, AND YEAR) <u>Feb 25-1867</u>		
7. AGE <u>69</u>	YEARS <u>5</u>	MONTHS <u>26</u>
8. Trade, profession, or particular kind of work done, as spinner, sawyer, bookkeeper, etc. <u>At home</u>		9. Industry or business in which work was done, as silk mill, saw mill, bank, etc.
10. Date deceased last worked at this occupation (month and year)		11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski County</u>
13. NAME <u>Ida May Brownfield</u>
14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski</u>
15. MAIDEN NAME <u>Rose Barnard</u>
16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY) <u>Pulaski</u>
17. INFORMANT (ADDRESS) <u>Mrs. Wilbur Johnson</u>
18. BURIAL, CREMATION, OR REMOVAL PLACE <u>Mitchell Cem.</u> DATE <u>Aug. 25</u> 19 <u>36</u>
19. UNDERTAKER (ADDRESS) <u>J. H. Hogg & Sons</u> <u>Crocker, Mo.</u>
20. FILED <u>822</u> 19 <u>36</u> <u>Estabrook</u> Registrar.

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) Aug. 21, 1936

22. I HEREBY CERTIFY, That I attended deceased from Aug 21, 1936, to Aug 21, 1936.
I last saw him alive on Aug 15, 1936. Death is said to have occurred on the date stated above, at 10:35 P.M.
The principal cause of death and related causes of importance were as follows:
Chronic Valvular Heart Disease
Was dead when 2
assumed in call
Other contributory causes of importance:
9233
Name of operation Stygal Date of 20
What test confirmed diagnosis Stygal Was there an autopsy? 20
23. If death was due to external causes (violence), fill in also the following:
Accident, suicide, or homicide? 20 Date of injury 20
Where did injury occur? 20 (Specify city or town, county, and State)
Specify whether injury occurred in industry, in home, or in public place.
Manner of injury 20
Nature of injury 20
24. Was disease or injury in any way related to occupation of deceased? 20
If so, specify 20
(Signed) C. A. Talbot, M. D.
(Address) Maymoulli

